

Consumer Directed - Health Network Option HSA-compatible Plan Option

Plan Options

MD Health Network Option HSA Comp 1.6 (1500 Ded)⁺

Member Benefits	In-network No referral needed	Out-of-network ¹ No referral needed
Member Coinsurance	N/A	30% after ded
Plan Year Deductible²	\$1,500 individual / \$3,000 family In-network and out-of-network combined	
Plan Year Out-of-Pocket Maximum³	\$2,500 individual / \$5,000 family In-network and out-of-network combined	
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well-Baby/Child and Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined.)	\$0 copay, ded waived	30%, ded waived
Routine Gyn Exams (One exam and pap smear every 365 days. In-network and out-of-network combined.)	\$0 copay, ded waived	30%, ded waived
Routine Mammograms	\$0 copay, ded waived	30%, ded waived
Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined.)	\$0 copay, ded waived	30%, ded waived
Aetna VisionSM Discount Program	Included	Not covered
Primary Physician Office Visit⁴	\$25 copay after ded	30% after ded
Specialist Office Visit⁴	\$40 copay after ded	30% after ded
Outpatient Services - Lab/X-ray (Includes Outpatient Complex Imaging)	\$40 copay or 50% of the cost of the service, whichever is less, after ded	30% after ded
Chiropractic Services (20 visits per condition per plan year. In-network and out-of-network combined.)	\$10 copay after ded	25% after ded
Outpatient Physical, Occupational, Speech Therapy (30 visits per therapy per condition per plan year. In-network and out-of-network combined.)	\$40 copay after ded	30% after ded
Durable Medical Equipment	\$0 copay after ded	30% after ded
Inpatient Hospital	\$250 copay per adm after ded	30% after ded
Outpatient Surgery	\$40 copay after ded	30% after ded
Emergency Room (Copay waived if admitted)	\$100 copay after ded	\$100 copay after ded
Urgent Care	\$40 copay after ded	\$40 copay after ded
Prescription Drugs		
Prescription Drugs: 30-day supply⁵	\$15/\$35/\$60 after ded	Not covered
Maintenance Drugs: 90-day supply⁵	\$30/\$70/\$120 after ded	Not covered
Specialty Care Drugs: 30-day supply	\$200 copay after ded	Not covered
Specialty Care Drugs: 90-day supply	\$400 copay after ded	Not covered

Refer to next page for footnotes.

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*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

Some benefits are subject to limitations or visit maximums. Members or providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to the Maryland 2-50 Plan Guide. Please refer to Aetna's Producer World® website at www.aetna.com for more detailed benefit descriptions. Or for more information, please contact your licensed agent or Aetna sales representative.

¹We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.

- For out-of-network doctors and other professionals, the amount is based on what Medicare pays for these services. The government sets the Medicare rate.
- For Maryland out-of-network hospitals, the amount is based on the rate approved by the Maryland Health Services Cost Review Commission.

Your doctor sets his or her own rate to charge you. It may be higher — sometimes much higher — than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit www.aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site. This applies when you choose to get care out of network. When you have no choice (for example, emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

²All covered prescription drug and medical expenses, except preventive care services, apply to the deductible. The individual deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family deductible can be met by a combination of family members or by any single individual within the family. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the plan year.

³All amounts paid as deductibles, copayments, or coinsurance for covered services and supplies apply toward the out-of-pocket maximum. The individual out-of-pocket maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family out-of-pocket maximum can be met by a combination of family members or by any single individual within the family. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the plan year.

⁴"Open Access" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

⁵Contraceptives and diabetic supplies included. Certain in-network contraceptive drugs are covered 100%, deductible waived, as required by federal health care reform legislation effective August 1, 2012.

Health benefits and health insurance plans are offered/underwritten by Aetna Health Inc. and/or Aetna Health Insurance Company (Aetna).

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